

**INSTRUCTIONS FOR FORM 14-Web
MEDICAL TRANSPORTATION ENROLLMENT FORM**

Enrollment Instructions for Medical Transportation Payees:

SHADED AREAS ON FORM 14-Web ARE FOR STATE USE ONLY

Payee's Name: Enter your name, or business name as it appears on your business correspondence, in first name, last name order. Leave a space between your first and last name and between words in your business name.

Payee's Federal ID Number or Payee's Social Security Number: Enter either your Federal ID or your Social Security Number. Federal identification number should be in xx-xxxxxxx format, Social Security number should be in xxx-xx-xxxx format. **One of these fields must be completed in order for payment to be made.**

Payee's Telephone Number: Enter your telephone number including your area code or a telephone number where you can be reached. Entry should be in area code-xxx-xxxx format. **This field must be completed in order for payment to be made.**

Street Address: Enter your street address, leaving a blank space between numbers and words.

PO Box Number: Enter your post office box number if you want mail delivery to that box number.

City or Town: Enter the name of the town or city where you live, or if a business, where your business is located.

State: Enter the 2-digit code for the state where you live, or if a business, where your business is located.

Zip Code: Enter your 5-digit zip code. Enter the 4-digit extension if you are using a post office box number.

Do you wish to enroll as: (Place a check mark in the appropriate box on **Form 14-Web**)

Recipient Transporter: To enroll as a Recipient Transporter you must transport either yourself (if you are Medicaid eligible) or a Medicaid eligible recipient who resides in your household. You may use your own vehicle or someone else's.

Volunteer Transporter: If you are a Medicaid recipient but will transport other Medicaid recipients who are not in your assistance case and who do not live in your household, check Volunteer Transporter; or if you are **not** a Medicaid recipient, but wish to transport Medicaid recipients, check Volunteer Transporter. If you are a Volunteer Transporter, you must use your own vehicle. You must provide a copy of your current driver's license and proof of automobile liability insurance that states the **effective date** and **expiration date** of the insurance. If you do not provide this information, enrollment can not be completed and payment can not be made.

Taxi Transporter: If you are the owner of a taxi company, check Taxi Transporter. You must provide a current taxi license, proof of automobile liability insurance with **effective dates** and **expiration dates** and a Form W-9. (Use of taxi is by **prior approval** only).

IF YOU WISH TO ENROLL AS A RECIPIENT TRANSPORTER AND A VOLUNTEER TRANSPORTER, YOU MUST COMPLETE A SEPARATE FORM 14 FOR EACH ENROLLMENT.

Payee Signature: Payees must sign and date Form 14-Web.

Mail completed Form 14-Web and copies of any required documentation to the Department of Health and Human Services, Medicaid Client Services, 129 Pleasant Street, Thayer Building, Concord, NH 03301-8575, ATTN: Medical Transportation Coordinator.

Keep a photocopy of the completed Form 14-Web for your records.

When enrollment is complete, you will receive a computer generated document which will provide you with your **key name** and **resource number(s)**. This information is very important as it **must be used on every claim form you submit for payment.**

(Shaded boxes are for State use only)

Payee's Name[illegible]Payee's Telephone Number

- OR -- --

Street Address[illegible][illegible]Zip Code

_____ - _____

Recipient Transporter ☐

Volunteer Transporter ☐Taxi Transporter ☐

(Taxi by prior approval only)

Provider Enrollment Date

/ /

Wheelchair Accessible

/ /

Transportation Review

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Provider Enrollment Date

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Driver's License Expiration Date

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Auto Insurance Expiration Date

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Transportation Review

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Provider Enrollment Date

/ /

Driver's License Expiration Date

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Auto Insurance Expiration Date

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W-9

/ /

Transportation Review

_____ / _____

Payee Signature: _____

Date:_____

Transportation Coordinator Signature: _____ Date: _____

Keep a photocopy of the completed Form 14-Web for your records.